

Attention Public Water Systems: Please adapt this form for your own use. An electronic copy of this form is located at the DEP website at www.mass.gov/dep/brp/dws/dwsforms.htm under Water Quality Monitoring

LEAD SERVICE LINE REPLACEMENT PROGRAM -- SUMMARY TABLE

City/Town: _____

PWS Name: _____

PWS ID#: _____

Important Notes on Required Dates:

- (1) – First contact must be at least 45 days prior to service line replacement
- (2) – If homeowner portion not replaced, a service line sample must be taken within 72 hours of the partial replacement.
- (3) -- Results of service line sample must be provided to homeowner with 3 days of your receiving them.

Street Address	Homeowner's Name	Phone No	Year Home was Built	First Contact Date (1)	Contact made Yes/ No	Second Contact Date	Contact made Yes/No *	Date LSL Replaced C-Complete P- Partial *	Date Service Line Sample Collected (2)	Date Sample Results Received	Sample Results PPB	Date Results Sent to Homeowner (3)
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* If no contact is achieved with the owner or partial replacement is done and the owner does not replace his/her portion it is strongly recommended that the Town and/ or PWS refer the owner to the Local Board of Health for additional educational material on lead health effects